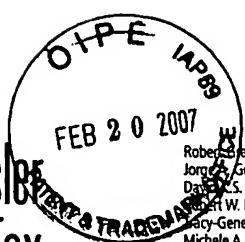




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February 20, 2007

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Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Art Unit 2891

Mail Stop: Amendment

Re: U.S. Utility Patent Application
Appl. No. 10/697,889; Filed: October 31, 2003
For: **Method for Manufacturing a Memory Cell for Modification of Revision Identifier in an Integrated Circuit Chip**
Inventors: CATALASAN *et al.*
Our Ref: 1875.4360003

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Credit Card Payment Form (PTO-2038) in the amount of \$50.00 to cover the excess claims fee;
2. Fee Transmittal Form (PTO/SB/17);
3. Reply to Requirement for Election of Species; and
4. One (1) return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier.

In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

Commissioner for Patents
February 20, 2007
Page 2

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.


Donald J. Featherstone
Attorney for Applicants
Registration No. 33,876

DJF/G-A:bac
Enclosure

642879_1.DOC



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

50.00

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/697,889 |
| Filing Date | October 31, 2003 |
| First Named Inventor | Manolito M. CATALASAN |
| Examiner Name | Menz, Douglas M. |
| Art Unit | 2891 |
| Attorney Docket No. | 1875.4360003 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 30 | 1 | 50.00 | 50.00 | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20. | | | | 200 | 100 |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 3 | 0 | 0 | 0.00 | 0.00 | 0.00 |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|---------------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) | _____ x _____ | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------------|--------------------------------------|--------|-----------|-------------------|
| Signature | <u>Donald J. Featherstone</u> | Registration No. (Attorney/Agent) | 33,876 | Telephone | (202) 371-2600 |
| Name (Print/Type) | Donald J. Featherstone | | | Date | February 20, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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